2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # P04000107801 Entity Name ALAN CONLEY FLOORING, INC. Mailing Address Principal Place of Business 7822 SE 22ND AVENUE 7822 SE 22ND AVENUE OCALA, FL 34480 OCALA, FL 34480 CR2E034 (11/05) 02032008 DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number Not Applicable 20-1403349 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CONLEY, ALAN DO NOT WRITE 7822 SE 22ND AVENUE OCALA, FL 34480 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 8. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CONLEY, ALAN NAME STREET ADDRESS 7822 SE 22ND AVENUE CITY-ST-DP OCALA, FL 34480 U00000496427 04/22/06-80008-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CSY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if nt with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AUDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED